Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/31/08	Address;	Stor-It Mini Warehouse
Case #:	<u>16F18016</u>		1900 E. North St. (S1)
County:	Howard/34		Kokomo, IN 46901
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
⊠ Chemic	onal Lab al/Glassware/Equipment (only) itc (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel☐ Open No Structure☐ Other: Storage unit
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: (2) empty 1 gallon containers in stroage unit.			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: (3) 20 lb Lp tanks in storage unit.			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location);			
☐ Yes <u>n/</u> 8 ☐ No	er age 18 discovered (check one) a (number present) port to Child Protective Services	Ephedrin Retail/M	c Information e/Pseudocphedrine Tracking Log erchant Tip ward Co. Shf. Dept.
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Kokomo F.D.	Fax: <u>765-456-7580</u>	
Health Depa	artment: Howard Co.	Fax: <u>765-4</u> Fax: <u>N/A</u>	<u>6-2292</u>
Child Protec	etion Service: <u>N/A</u>	· · · <u></u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.